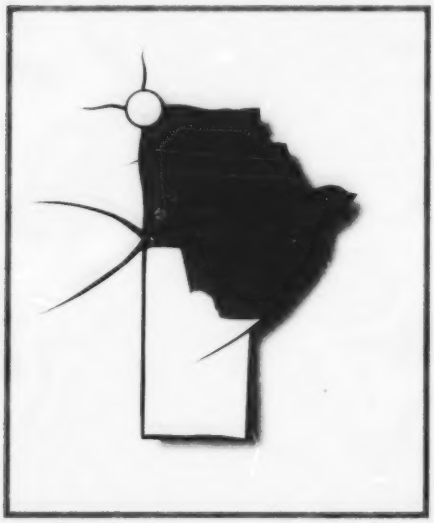
BURNTWOOD REGIONAL HEALTH AUTHORITY INC.

ANNUAL REPORT



2000 - 2001

Northern Health in Northern Hands

ᒥᔨᔪᐃᓂᒃ ᐅᐊᓕᐃᐃᓚᐅᓪᓗᒍ

Table of Contents

2 *Chairperson Report*

3 *Chief Executive Officer Report*

4 *Board of Directors*

6 *District Health Advisory Councils*

8 *Vision, Mission, Values*

9 *Major Priorities*

10 *Regional Profile*

12 *Health Status*

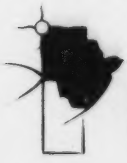
15 *Activities*

18 *Organizational Chart*

19 *Management*

20 *Communication*

21 *Financial Statements*



Burntwood
Regional Health Authority
ᒥᔪᐢᐃᓂᐦ ᐅᐊᓯᐢᐃᐊᐧᐃᐣ

Chair's REPORT Report

The 2000 - 2001 fiscal year was significant in many ways for the Burntwood Regional Health Authority (BRHA), and I am pleased to have the opportunity to report on some of the achievements and challenges we have encountered. As I complete my first year as Chair of BRHA, I acknowledge that it is very rewarding to be involved with health care and with the many, many people in northern Manitoba who are dedicated to preserving and improving the health of Burntwood residents. My respect for this group of people continues to grow with each passing day.

Over the last several years since regionalization, the infrastructure and reporting relationships of a truly "regional" health authority have gradually been put in place. In 2000 - 2001 this included the opening of a new community health resource centre in Thompson, as well as a major renovation and redevelopment of the emergency department at the Thompson Hospital. These facilities are for the use and benefit of not only Thompson residents, but also for those who travel to Thompson for appointments and hospital care. The next facility in the planning stages is a long term care facility. A steering committee is actively fundraising to raise the community contribution required to begin the project.

One of our biggest challenges continues to be the recruitment of health care professionals. There is a huge shortage in many of the professions, not only in the North, but also in Manitoba and Canada. Part of ensuring that northern health is in northern hands as our mission statement says, will be finding innovative ways to train, recruit and retain northern people for Burntwood Regional Health Authority jobs.

In a region as culturally diverse as Burntwood, where well over half of the population is Aboriginal, it is vital to ensure that comprehensive and culturally appropriate health care is available to the people of the Region. We recognize the need to work closely with First Nations and Aboriginal organizations, and with the federal and provincial governments in this regard. There continue to be major issues of jurisdiction, but as more parties come to the table to share information and resources, we hope to have a major impact on improvements in health care.

One of the steps the Board of Directors has taken with regard to the two above noted challenges is to approve an employment equity policy geared toward recruiting and retaining more Aboriginal employees in the Health Authority. Eventually it is hoped that the proportion of Aboriginal employees to non-Aboriginal employees in BRHA will be the same as the proportion found in the population in the Burntwood region. Making progress toward this goal will be perhaps the single greatest determinant of providing culturally appropriate health care.

In a health region as large as Burntwood, the Board of Directors places great reliance on the feedback and "community voice" provided by our District Health Advisory Councils. Although there has been somewhat of a gap in the linkage between the Advisory Councils and the Board, we have begun a process of identifying better methods of including the Councils both in defining needs and in the planning process. We would like to encourage residents of the Burntwood region to take part in one of the Advisory Councils, and also to put your names forward to join the Board of Directors. With your participation we will achieve greater success in our efforts.

Respectfully submitted,

Connie Pringle
Chairperson

102-02709/

Chief Executive Officer Report

The Burntwood Regional Health Authority's (BRHA) fifth year of operation has been a highly productive year and has provided many opportunities and challenges to the organization as a whole.

The recruitment of qualified health professionals continues to be an ongoing challenge. Despite a national (and North American) shortage in physicians, nurses and other health care professionals, the BRHA has developed a highly effective recruitment process. During the 2000/2001 fiscal year, the BRHA has recruited more than 58 staff to the Burntwood region. This includes 6 physicians and 18 nurses. Meeting these recruitment challenges required the BRHA to be innovative in order to be successful in a very competitive market for health care professionals.

I would like to highlight a few of the BRHA's many accomplishments for 2000/2001:

- The construction of the Burntwood Community Health Resource Centre (BCHRC) was completed at the Thompson Plaza. The BCHRC now brings all of the BRHA's Thompson-based primary health care programs and community nurse resource programs together under one roof. This will result in a more efficient and effective service to the people of Thompson and the surrounding communities.
- We were successful in recruiting a speech pathologist and are providing those services.
- The redevelopment and expansion of the Emergency Department and Admitting areas of the Thompson General Hospital commenced and will be completed in September 2001. The new Emergency Department will include the addition of CT scanner (computer tomography) services.
- The Functional Programming for the Long Term Care facility in Thompson commenced in September 2000.
- The Functional Programming for a new Community Health Centre in Wabowden was completed.
- Specialist services in the Northern Consultation Centre were enhanced. This included the resident physician services of Obstetrics/Gynecology and Pediatrics as well as itinerant services such as Orthopedics.
- Final arrangements are being implemented to provide Pediatric services to the First Nation Communities

The BRHA Board of Directors and staff have continually demonstrated their dedication to working within a "team" environment for the betterment of the people's health. This attitude of co-operation and teamwork certainly makes my job as CEO much easier.

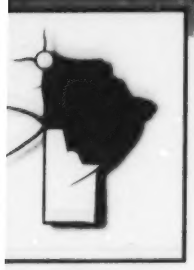
During the past 5 years, I have been proud to serve the people of Northern Manitoba as the CEO of the Burntwood Regional Health Authority. This will be my last annual report as I am moving on to new challenges in Northern British Columbia. I am confident that the BRHA will be successful in its mission to improve the health status of the residents in the Burntwood region.

Respectfully submitted,

C A Tant

Calvin A. Tant
Chief Executive Officer

Board of Directors PROFILES



Constance Pringle
Chairperson

Constance (Connie) Pringle has been a resident of Northern Manitoba for 29 years. As part of her post-secondary education Connie attained a Bachelor's Degree in Home Economics and a Masters in Business Administration. Connie has worked in a variety of home economics and financial management positions for organizations such as the Northern Manpower Corps, Opasquia Manufacturing, Swampy Cree Tribal Council, Opasquayak Cree Nation, Northern Manitoba Business Institute and the Keewatin Community College. She presently lives and works in Thompson as the Director of Operations at Inter-Universities North.

Greta Kirkness
Vice Chairperson

Greta Kirkness is a resident of Gillam. She has been employed as a Social Worker for Child and Family Services for the Province of Manitoba and Director of the Awassis Agency of Northern Manitoba. Greta has worked as a Health Care Manager for Fox Lake First Nation in Bird, the Fox Lake First Nation as a Community Health Representative and as a Native studies teacher for Gillam School and Fox Lake Native Spiritual School.

Isabel Day

Isabel Day, is a resident of Garden Hill. She is a status member of the Garden Hill First Nations and has been actively involved on the Board of the Garden Hill Education Authority.

Nettie Dearborn

A resident of Leaf Rapids, Nettie Dearborn is a long time northerner coming to Lynn Lake in 1964 and then moving to Leaf Rapids in 1973. Nettie has extensive committee and Board experience as a Board Member of the Hospital Auxiliary in Lynn Lake and Leaf Rapids, the Leaf Rapids Figure Skating Club, the Leaf Rapids School Board, charter member of the Legion and the Legion Ladies Auxiliary. Presently, she is the Treasurer of the Legion Ladies Auxiliary, President of the Legion District 251 and a Board member of the Leaf Rapids Consumer Co-operative.

Lloyd Flett

Lloyd Flett is the administrator of the Norway House Town Council, with Board experience as Treasurer for the Norway House School Committee. He is past Mayor of the Norway House Community Council and Board member of the Manitoba MÈtis Federation, Norway House. Lloyd is one of the inaugural Board members appointed in 1996.

Jo Lutley

Jo Lutley, is a 30 year resident of Thompson. She is a retired nurse and midwife who served as a public servant for many years in the Indian and Northern Health systems. She worked in various positions including outpost nursing in Newfoundland, Labrador and the Northwest Territories, Nursing Officer based in Norway House, and Zone Nursing Officer in Thompson. Highlights of her extensive Board experience include positions as: Chair of the MHO Northern Regional Council, and member of the Board of Directors, Thompson General Hospital, the Northern Rural Health Advisory Council, the Burntwood Regional Planning Alliance, the Thompson Zoological Society, the Aboriginal Health Network, Healthy Thompson, Thompson Seniors' Resource Council Steering Committee, and the Heritage North Museum. Jo was also one of the first Board members appointed in 1996.

Jack McIvor

Jack McIvor, has been a resident of Wabowden since 1959. He retired from the Wabowden Community Council where he was the Town Foreman. He served as the Vice-President of the Mètis Federation representing the Thompson Region from 1997 to 2000 and is presently a Housing Development Officer for the same organization. Jack has also served on several school communities.

Edna Moodie

Edna Moodie is a resident of Nelson House. She has previously been involved in the Nelson House Development Corporation as a Board of Director, Edna has also served several years with the Christmas Cheer Board and initiated the Women's Council in Nelson House.

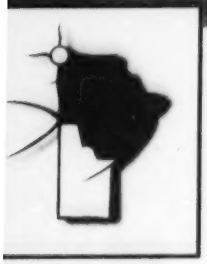
Mike Muswagon

Michael Muswagon has been a Councillor for the Norway House Cree Nation since 1994. He holds the portfolio for the Day Care Centre, Child and Family Services, and Pre-Health Transfer. He is also chairperson of Norway House Health Board.

Frederick J Salter

Fred Salter has been a resident of Lynn Lake for 12 years. He has been actively involved in the communities he has lived in serving the Carmen Hospital Board from 1972 to 1978, and the Lynn Lake Hospital Board from 1988 to 1994. Fred retired as Chief Administrative Officer for the Town of Lynn Lake on April 2000. Prior to that, he worked for 18 years in finance with Credit Unions.

MEMBERS



FIRST NATIONS COMMUNITIES DISTRICT HEALTH ADVISORY COUNCIL

Jacqueline Hart	P.O. Box 39, Nelson House ROB 1AO
Darlene E. Mason	General Delivery, Nelson House ROB 1AO
Elizabeth Ann Poker	Box 402, Norway House ROB 1BO
Eleanor Veuillot	General Delivery, Lac Brochet ROB 2EO
Joe L. Michel	Box 458, Lynn Lake ROB OWO
* Jack McIvor	8 Bowden Street, Wabowden ROB 1SO

GILLAM & AREA DISTRICT HEALTH ADVISORY COUNCIL

Jeanne Zwiep	P.O. Box 358, Gillam ROB OLO

LEAF RAPIDS & AREA DISTRICT HEALTH ADVISORY COUNCIL

Frank Bloodworth, CHAIR	27 Nisku Bay, Leaf Rapids ROB 1WO
Geraldine Cockerill	62 Mikinak Bay, Box 626, Leaf Rapids ROB 1WO
Angela McDonald	30 Nisku Bay, Box 6, Leaf Rapids ROB 1WO
George McKenzie	14 Leaf Grove, Box 797, Leaf Rapids ROB 1WO
Hart Opperman	51 Mikinak Bay, Box 695, Leaf Rapids ROB 1WO
* Nettie Dearborn	Box 146, Leaf Rapids ROB 1WO

LYNN LAKE & AREA DISTRICT HEALTH ADVISORY COUNCIL

Leslie M. Webb, CHAIR	Box 434, Lynn Lake ROB OWO
D. Neil Campbell	165 Eldon Avenue, Box 851, Lynn Lake ROB OWO
Audrey Mellon	166 McVeigh Avenue, Box 639, Lynn Lake ROB OWO
Wayne Short	118 Eldon Avenue, Box 339, Lynn Lake ROB OWO
Bert Swann	Box 534, Lynn Lake ROB OWO
Agnes Pranteau	General Delivery, Lynn Lake ROB OWO
*Frederick Salter	Box 282, Lynn Lake ROB OWO

NORTHERN AFFAIRS COMMUNITIES DISTRICT HEALTH ADVISORY COUNCIL

Darren Ottaway, CHAIR	General Delivery, South Indian Lake ROB 1NO
Jane Budd	Box 295, Norway House ROB 1BO
Samantha Duncan	Box 27, Thicket Portage ROB 1RO
Frances Hall	Box 31, Wabowden ROB 1SO
Elizabeth Isbister	General Delivery, Norway House R0B 1B0
Martha McLeod	Box 184, Cross Lake ROB OJO
Joanne Pronteau	Box 80, Thicket Portage ROB 1RO
Monica Duncan	Box 17, Thicket Portage ROB 1RO
*Lloyd Flett	Box 5042, Norway House ROB 1BO

THOMPSON DISTRICT HEALTH ADVISORY COUNCIL

Grace Godmaire, CHAIR	Box 971, Thompson R8N 1N7
Jack Crolly	80 Deerwood Drive, Thompson R8N 1E1
Pamela Crawford	180 Red River Drive, Thompson R8N OX2
Martin Foley	259 Juniper Drive, Thompson R8N OS8
Sya Gregovski	67 Pickerel Crescent, Thompson R8N OZ1
Istiphanus D Magaji	34 Red River Drive, Thompson R8N 1T9
Pascall Bighetty	Ste 5 - 59 Nickel Road, Thompson R8N OY2
Michael Rynar	84 Granite Crescent, Thompson R8N OV8
Marc Constant	213 - 424 Princeton Drive, Thompson R8N OA3
*Jo Lutley	9 Wuskwatim Bay, Thompson R8N 1V3

HEALTH PROVIDERS ADVISORY COUNCIL

Kathleen Fitzgerald, CHAIR	Nurse Practitioner, Burntwood Community Health Resource Centre
Suzanne Garbutt	Mental Health Worker, Burntwood Regional Health Authority
Patricia Carter	Registered Nurse, Gillam Hospital
Lynn Lambert	Laboratory Technologist, Gillam Hospital
Oliver Okemow	Community Health Worker, God's River First Nation
Brian Webber	Laboratory Technologist, Leaf Rapids Health Centre
Carol Prince	Health Director, Health Team Nelson House First Nation
Phyllis Tomchuk	Registered Nurse, Thompson General Hospital
Debra Braun	Community Health Nurse, Burntwood Regional Health Authority
Gail Braun	Public Health Nurse, Nelson House Nursing Station
Reid Atwater	Community Mental Health Worker, Lynn Lake Hospital
*Jo Lutley	Retired Nurse and Midwife, Thompson

* Burntwood Regional Health Authority Board Member

VISION

The Vision of the Burntwood Regional Health Authority Inc. is
"Northern Health in Northern Hands"

MISSION

The Burntwood Regional Health Authority Inc. exists so that there will be:

- **Healthy Families**
- **Decrease in Preventable Illness and Injuries**
- **Timely Return to Optimum Health from Acute Illness**
- **Healthy Environments**

VALUES

Success of our mission, toward our vision, will be achieved through commitment to the following values:

- **Accessibility:** Health care shall be accessible to all people with choices of treatment methods made available.
- **Accountability:** We shall be accountable to our constituents through effective two-way communication.
- **Caring:** An attitude of caring shall be reflected in everything we do.
- **Equitability:** Client-focused health care shall be made available fairly and equally to all, without bias or favoritism.
- **Quality:** Continuous quality improvement shall be maintained by qualified staff through continuity of care in a seamless health care environment.
- **Respect:** Respect shall be maintained by recognizing the uniqueness of the individuals and cultures by maintaining collaborative and honest relationship.
- **Wholistic Approach:** Health is recognized within the holistic belief in physical, spiritual, mental, and social well-being.

Major Priorities DEFINED

Upon completion of the Burntwood Regional Community Health Needs Assessment in October 1997, the Board of Directors studied the document and identified four major priorities. These priorities define the Mission of the Burntwood Regional Health Authority and specifically identifies why it exists.

The four major priorities are:

1. **Healthy families**
2. **Decrease in preventable illness and injuries**
3. **Timely return to optimum health from acute illness**
4. **Healthy environments**

1. **Healthy Families** is one of the two highest priorities.
   It includes, but is not limited to:
   - Healthy children;
   - Stable, healthy families;
   - Aging in place of choice;
   - Those with chronic or long term conditions can live in their home community;
   - An addiction free population.

2. **A decrease in preventable illness and injuries** is one of the two highest priorities. It includes, but is not limited to:
   - Healthy lifestyles;
   - Knowledge of good health practices;
   - Decrease in preventable child/youth deaths;
   - Decreased incidence of communicable diseases;
   - Increase in development and enforcement of healthy public policies.

3. **A timely return to optimum health from acute illness** includes, but is not limited to:
   - Timely access to quality health care services;
   - Those with mental illness receive support and follow-up care;
   - Reduced preventable occurrences of illness.

4. **Healthy environment** includes, but is not limited to:
   - Governments at appropriate levels are aware of environmental conditions/practices that influence health;
   - Communities know how to influence and are supported in changing environmental policies that impact health;
   - Public policies that support health;
   - Healthy social environments.

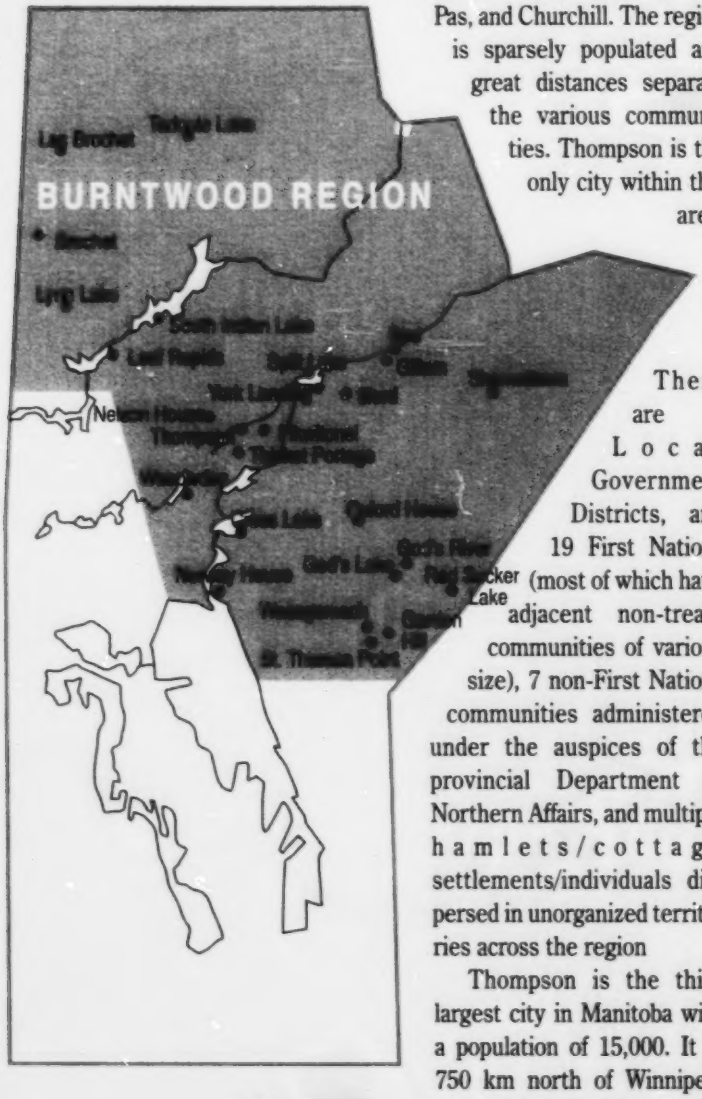
The above major priorities define the Board of Directors' **"Ends Policies"** which gives the staff the direction required to operate the Burntwood Regional Health Authority.

Burntwood

There are several attributes of the Burntwood Region that have implications for health care planning and delivery. These are highlighted below.

GEOGRAPHY

The Burntwood Region includes most of Manitoba lying North of the 53rd parallel, excluding areas around Flin Flon, The Pas, and Churchill. The region is sparsely populated and great distances separate the various communities. Thompson is the only city within this area.



There are 4 Local Government Districts, and 19 First Nations (most of which have adjacent non-treaty communities of various size), 7 non-First Nations communities administered under the auspices of the provincial Department of Northern Affairs, and multiple hamlets/cottage settlements/individuals dispersed in unorganized territories across the region

Thompson is the third largest city in Manitoba with a population of 15,000. It is 750 km north of Winnipeg, and has become a centre for transportation, communication, education, health care, and government services.

Transportation is costly and difficult as many of the communities in the region do not have all-weather roads. Some of the communities are linked by rail, but many can only be reached by air.

SOCIO-ECONOMIC

Mining, hydro-electric development, forestry, commercial fishing, trapping, transportation, and tourism are the major industries in the Burntwood region. These resource-based activities are subject to global markets, and cycles of boom and bust, creating a degree of uncertainty and accompanying stress.

Income is above the national average for individuals employed in these major industries. However, the unemployment rate for the region as a whole is in excess of 20%, and ranges up to 85% in some outlying communities. As a result of this high unemployment, the region has a high poverty rate.

POPULATION

The population of the Burntwood Region is just over 45,000. There are several distinctive features of the population. The proportion of youth is high, with 35% of the population under age 15, in contrast with the Manitoba average of 22%. This demographic trend is likely to be maintained in the foreseeable future due to the high fertility rate of the region, i.e. 27.9 births per 1,000 residents, compared to the provincial average of 14.4. There is a small number of elderly persons, with 3% of the population over the age of 65, in contrast to the provincial average of 13%. Most of these elderly persons live in outlying areas, and although their numbers are relatively low, they represent a growing area of need.

People of aboriginal descent form the largest population group. While almost 60% of the aboriginal people in the region are resident on reserve, many people with treaty status live in non-reserve communities, along with people of Metis descent and various groups of non-aboriginal people. The First Nations communities are Cree, Cree/Ojibway, and Dene, with Cree being the most numerous group. It is well documented that the health of the aboriginal population lags behind that of the non-aboriginal population. This reality will

need to be addressed in the restructuring of health services delivery.

JURISDICTIONAL ISSUES

A major issue in the Burntwood Region is the complicated question of jurisdiction. Health care on most reserves (and some non-reserve communities) is the responsibility of the Federal Government. The Federal Government has historically provided limited amounts of non-insured health benefits, although First Nations communities have argued that non-insured health benefits are a treaty right. The Province of Manitoba has taken the position that non-insured services for Status Indians resident on reserve are not a provincial responsibility. Historically, the result has been an impasse regarding a wide range of services for which there are pressing needs.

First Nations communities are gradually assuming control of health delivery through negotiated federal and provincial transfer agreements. As a result of negotiations, funds will be transferred to individual bands, who will be responsible for the delivery of core community-based health services to reserves and adjacent non-status communities. However, these communities will continue to receive facility-based services from existing institutions within the region.

This ongoing jurisdictional issue has implications for the Burntwood Regional Health Authority. Collaboration and ongoing discussion between all groups will be of utmost importance. The BRHA will have to determine how it will interface and work with First Nations communities, to ensure that regional health planning is done to the benefit and mutual satisfaction of all parties.

HEALTH CARE

Over much of the region, health care is delivered in nursing stations, with limited visits by physicians and other health professionals. Four hospitals/health centres offer primary-level services. In addition, the hospital located in the City of Thompson offers both primary and secondary levels of care, but its services are not consistent due to ongoing difficulties in the recruitment and retention of physicians. As a result, a large portion of services for the region as a whole are delivered on an itinerant basis by visiting professionals, and in many cases, residents must travel outside the region to access medical and/or secondary health care.

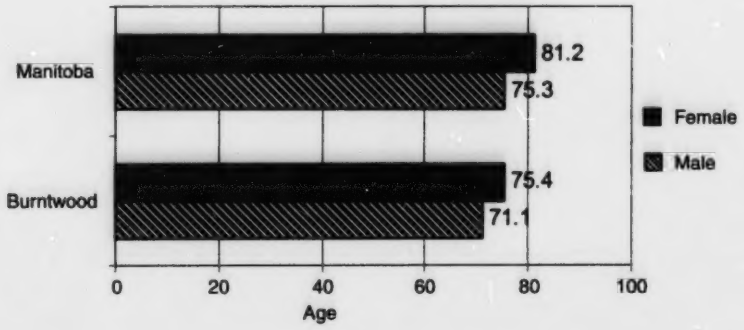
Finally, various large employers provide unique transportation and other health benefits to their employees. These have established consumer expectations which will have implications for regional planning. All of the above conditions have resulted in fragmented health care delivery, with a lack of continuity in services provided. It will be the BRHA's challenge to integrate the present health care system and provide continuity in services to the people of the Burntwood Region.

It is not easy to measure the health status of a population. What makes one region's population more or less healthy than another region's population? There are several factors to look at in trying to determine how healthy the people in our region are. We will attempt to indicate the most important ones for which data is available and compare it with the Manitoba average. It should however be pointed out that our region's population is not homogenous and thus most of the indicators will differ (some extensively) between income, race, gender and age groups. We have tried to sketch the broader picture as in indication of how healthy the whole region is.

Life expectancy - How old you can expect to become?

Life expectancy is probably the most widely used indicator of a population's health; the longer the life expectancy, the healthier the population. The data in the figure 1 shows how old a person born today can expect to become. It means a boy born in Burntwood will live 4.2 years less than the Manitoba average (75.3 minus 71.1).

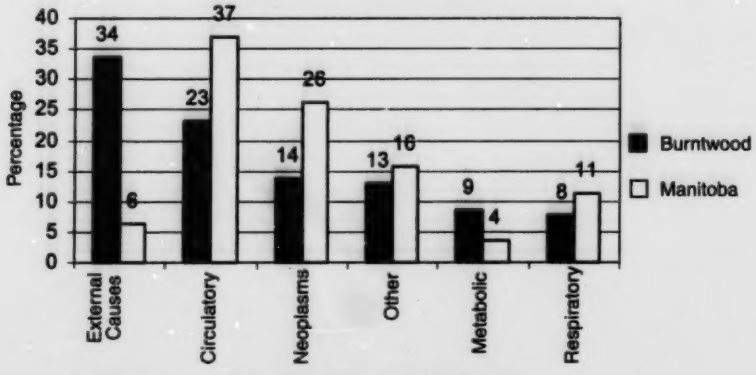
Figure 1: Life Expectancy at Birth
Burntwood vs. Manitoba average



Causes of death - What do the people in our region die of?

We took the 1999 Vital statistics data and compared Burntwood with Manitoba.

Figure 2. Causes of Death
Burntwood vs. Manitoba



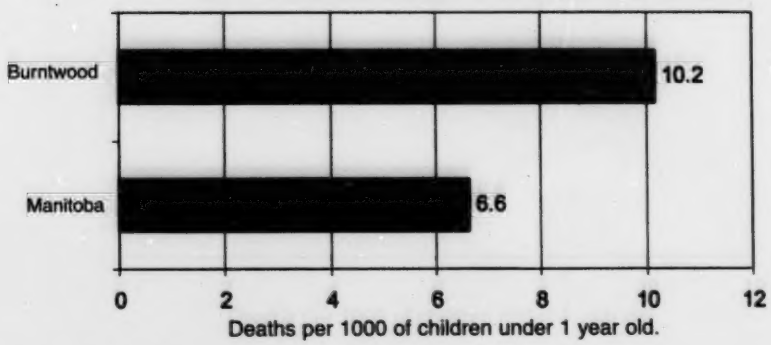
External causes:	Motor vehicle accidents, murder, falls, drowning etc.
Circulatory:	Coronary Heart disease and related diseases.
Neoplasms:	All kinds of cancers.
Metabolic:	Diabetes and other endocrine diseases.
Respiratory:	Lung diseases like asthma, emphysema etc.

This indicates more people dying of external causes and metabolic diseases than the rest of Manitoba. 34% of deaths in 1999 in our region were due to external causes.

Infant mortality rate

Infant mortality rate (number of infant deaths under one year old per 1000 live births per year) is considered a useful indicator of the level of health (including socio-economic conditions and ongoing medical care) within a community. Within the province there is a trend of increasing infant mortality with decreased income level.

Figure 3. Infant mortality rate
Burntwood vs. Manitoba



Burden of Diseases

Communicable diseases - The impact of Communicable diseases preventable by immunization has been reduced in the region (e.g. flu, measels, rubella etc). However there are diseases that do not fall into this category, like sexually transmitted diseases. Sexually transmitted diseases and specifically Chlamydia has increased over the last few years. These diseases are preventable and treatable. Increasing effort and resourses are being mobilized to reduce its spread and impact on our population.

Figure 4. Sexually transmitted infections
Burntwood Region 1998-2000

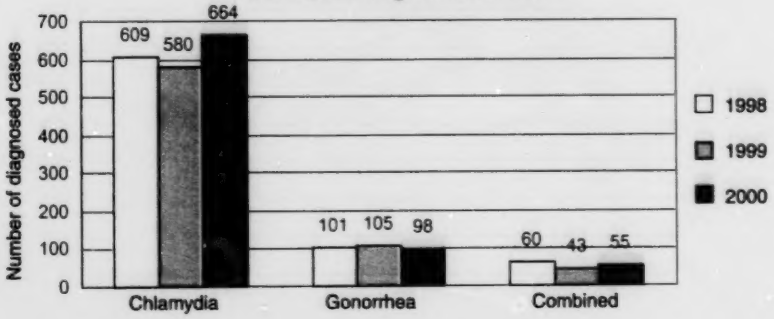
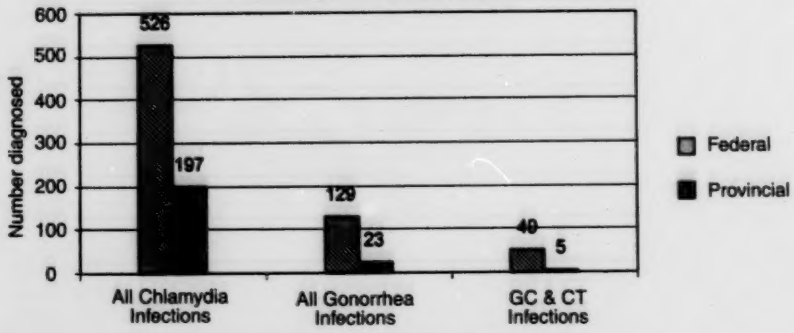


Figure 5. BRHA STI distribution by Jurisdiction
January - December 2000



Federal: Cases diagnosed who have home addresses on reserve
Provincial: Cases diagnosed who have home addresses on provincial land

Non-communicable diseases - Diabetes is the most important non-communicable disease affecting people in our region. It is difficult to determine exactly how many people the disease affects, because some are undiagnosed and others die without being diagnosed. The best way we can currently measure the burden of the disease is by looking at physician visits and deaths ascribed to diabetes. Figure 6 shows that the disease specific death rate in Burntwood is twice as high as the Manitoba average. Figure 7 shows the prevalence of diabetes in our region vs. the Manitoba average as estimated from records of physicians' treatment.

Figure 6. Disease specific death rates
Burntwood vs. Manitoba (1994-1998)

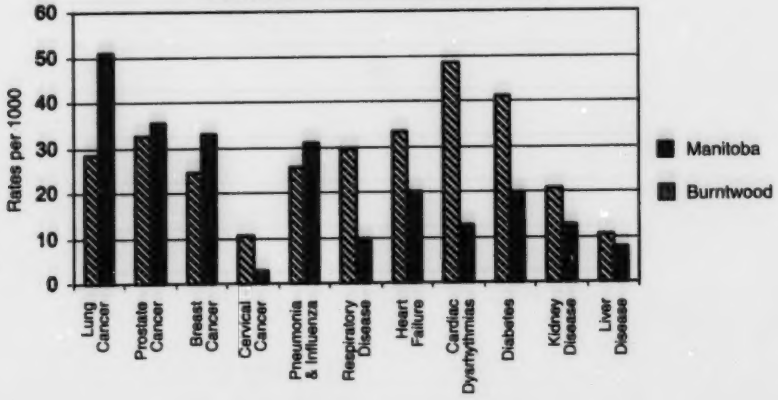


Figure 7: Diabetes treatment prevalence
Burntwood vs. Manitoba

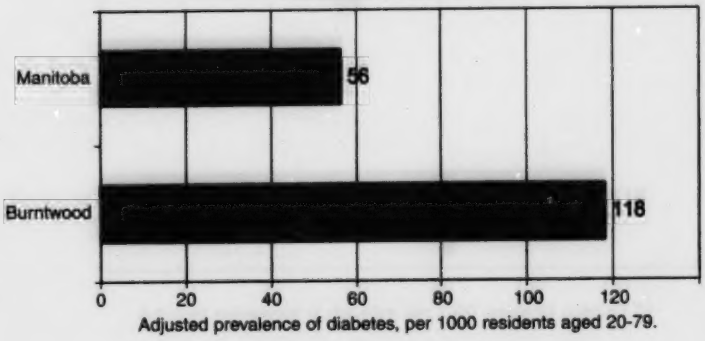
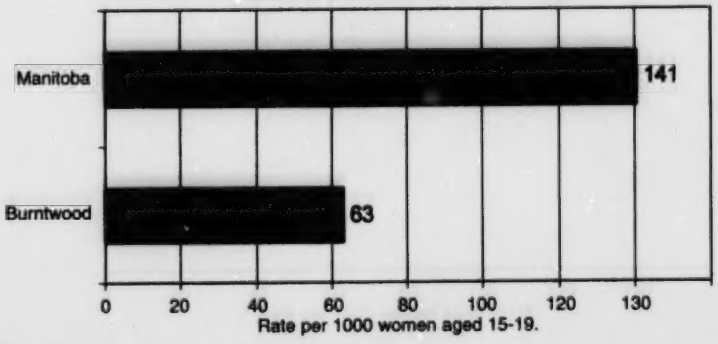


Figure 8: Teenage pregnancy rate
Burntwood vs. Manitoba 1994-1999



Teenage pregnancy rate

Manitoba rates of teen pregnancy exceed national levels by 60%. Burntwood rates are even higher as can be seen in figure 8. Consequences of teen pregnancy, no matter whether the choice is to continue or not continue with the pregnancy, may include physical, social and psychological risks to mother and baby. Some of the factors influencing the rates of teen pregnancy include sexual behavior of adolescent males and females - the frequency of sexual activity as well as the prevalence of contraceptive use.

The programs developed and implemented during 2000/2001 included:

FETAL ALCOHOL SUPPORT TEAM (FAST)

This multi-agency team provides diagnostic and support services to in-utero alcohol and drug-exposed children and their families. We have partnered with the Awasis Agency of Northern Manitoba (First Nation Child and Family Services) to use a community development approach in two pilot communities in addition to the child and family based model. A third community with its own independent services is also working closely with FAST to provide services within the community.

HEALTH PROMOTION

To say that there are many interpretations of what is meant by "Population Health Promotion" is an understatement. What first comes to mind for most people is traditional health education which encourages individuals to adopt healthy lifestyle behaviors (such as a physically active lifestyle, eating nutritiously, cutting down/quitting smoking, getting adequate rest, etc.). As it is recognized that no individual alone can control all the factors that determine his or her own health, a key aim of population health promotion is for communities to work together with health authorities and other sectors (e.g. schools, City/Community Councils, other service agencies, the business sector, citizen groups, etc.) to create healthy communities. The focus of population health is improving the health of the entire community or population, with a special emphasis on addressing health inequities among population groups. Cornerstones to population health promotion planning and action are:

- Health is more than the mere absence of disease. Health is a resource for everyday living.
- Is about providing opportunities and resources for empowerment and addressing barriers, which stand in the way of empowerment. To play a health promoting role means supporting and, at times, facilitating community empowerment over the conditions determining their health.
- Health is understood in its social, economic, political and environmental context. This means that in addition to promoting health among individuals, we address conditions in our physical and social environment that can either enhance or deter from our health. Key among the health determinants recognized internationally are: child development; education; employment and working conditions; income and social status; culture; gender; social supports; and our social environment.
- Health is seen as a human right and is connected with issues of social and economic justice or put simply, a population is only as healthy as it's least healthy citizens or groups.
- Health promotion action can take place at the family, community, population or institutional level. Strategies include coalition building, healthy community projects, developing healthy public policy and re-orienting our health care system in a health promotion direction.
- Shared responsibility for health and shared control over decisions having an impact on the health of communities.
- Health is everybody's business.

The BRHA is committed to integrating Population Health Promotion philosophy and actions throughout the work of our organization, so that it begins to shape the way we go about our daily work. The Health Promotion Co-ordinator works with staff teams interested in moving their work more upstream ~ that is beyond treatment of illness to more of an emphasis on prevention by addressing the broad health determinants. Here are just a few of the population health promotion initiatives we have been involved in over the past year:

Support outside the BRHA (external consultations)

- Facilitated the development of the Thompson Action on Ending Child Poverty coalition which presented a report to Honourable Greg Selinger, Manitoba Finance Minister at his pre-budget

community consultations in October 2000 and organized a community forum in November 2000. Our Children, Our Future was intended to provoke discussion on how poverty is affecting the health and the future of the children of Northern Manitoba and to begin to generate local strategies towards ending child poverty. The Thompson coalition has partnered with the provincial Campaign 2000 and will co-sponsor a weekend workshop on Making the Economy Work for all Northern Manitobans in November 2001 with the Thompson Labour Council and the Canadian Labour Council

- Contributed to the Medical Officers of Health submission to the Minimum Wage Board, which upon weighing the evidence, concluded, "increasing the minimum wage should improve the public's health. Increasing the minimum wage should preferentially benefit workers who are most in need and those included in Manitoba Health's priority populations: women and children."
- Participated in last year's Season Without Violence, YWCA Community Pilgrimage by organizing a winter clothing exchange at the BCHRC; participated in the preliminary planning for the YWCA's 2001 Season Without Violence

BURNTWOOD COMMUNITY HEALTH RESOURCE CENTRE (BCHRC)

Construction of the new Burntwood Community Health Resource Centre (BCHRC), in the Thompson Plaza was completed by September 2000 and all BCHRC services have been offered at this location since that time. The BCHRC has ten Family Physicians, with ongoing recruitment to fill all twelve funded positions. Other professionals at this multidisciplinary primary health care centre include Nurse Practitioners, Community Health Nurses, Midwives, Family Counselors, Aboriginal Liaison Workers, Nutritionist, Health and Recreation Liaison Worker and Lab Services. In addition to primary health care appointments with Family Physicians, Nurse Practitioners, and Midwives, the BCHRC provides a full range of health services including: a Health Resource Library, a Breastfeeding Room, a Traditional Healing room, a Community Room and meeting rooms accessible to non-profit groups during the evenings and weekends. It is the goal of the BCHRC to offer holistic, client centered healthcare to all its clientele. We serve our customers by illness when it occurs, to promoting healthy living and preventing illness by examining the full spectrum of factors that influence the health of clients and communities.

INFLUENZA AND PNEUMOCCOCAL CAMPAIGN

The annual Influenza and Pneumoccocal campaign for 2000/2001 was held the last week of October and the first week of November. Clinics were made available at various sites in the region. The expected number of people to receive the Influenza vaccine was 735 individuals. Once the campaign was completed, the total was much higher with 1367 individuals receiving the Influenza Vaccine. The total number of people who received the Pneumoccocal vaccine was 499 individuals.

SPEECH PATHOLOGY

A Speech/Language Pathologist was hired in August 2000. She is based out of the Burntwood Regional Health Authority Regional Building in Thompson and provides regional services for individuals from all communities in our region. Individuals are required to travel to Thompson at this point while the client base is being established. The Speech/Language Pathologist will have an active caseload comprising of 80% pre-schoolers and 20% adults. The Speech/Language Pathologist works in close collaboration with the paediatricians and audiologist.

AUDIOLOGY

Changes in service delivery occurred effective September 2000 with the Audiologist no longer providing hearing aid fittings to adults. This allowed significant more time for assessments and follow up with children and adults. However, the effects of this will not truly be realized until the fall of 2001 when the Audiologist who is on a leave of absence for one year, and providing only 2 1/2 days every two weeks, will be back with us full time.

MENTAL HEALTH

The Canadian Mental Health program in Thompson has coordinated anger management courses for adults, adolescents, and children in partnership with Family Services, Probation, and the Mystery Lake School Division.

Two staff received training as ASIST Instructors and now present two-day workshops on suicide prevention and community issues. The target group this year was BRHA professional helpers, external agencies and outlying First Nation Communities as the program expands.

The Mental Health Program initiated eight individuals to be trained as trainers in PART (Professional Assault Response Training). The goal is to have teams train all BRHA staff and other organizations that request training on an ongoing basis.

CAPITAL PLANNING/DEVELOPMENT

The following capital projects are in varying degrees of completion:

Thompson General Hospital Emergency Redevelopment & Building Upgrades

This project is under construction and encompasses the redevelopment of a new Emergency Department, renovations to the Admitting area and installation of a CT Scanner. Also included are upgrades to the Hospital's fire system, roof, medical gases, hot water system, heating/cooling systems, ventilation within the operating rooms and repairs to the building's exterior.

Wabowden Community Health Centre

The functional programming has been completed and acquisition of land is underway. The new Health Centre is slated for completion in 2002.

Long Term Care Facility

The functional program is under review with Manitoba Health and design is slated to begin in the fall with construction to follow in 2003.

Lynn Lake Hospital

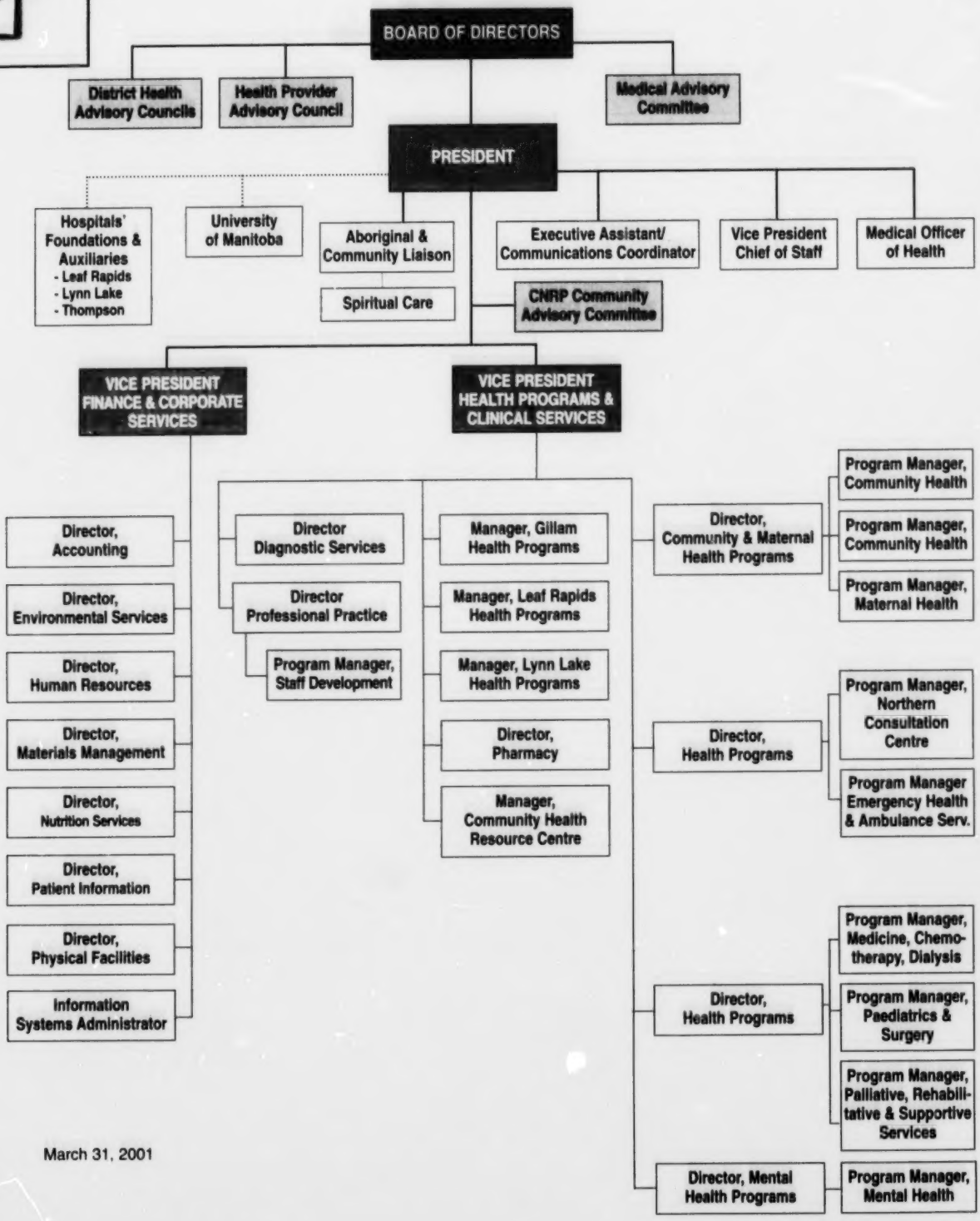
Construction is proceeding on upgrades to the fire alarm system. Work has been completed on upgrades to the water system. Remediation of crawlspace issues are being planned and work is scheduled to begin in the fall.

NUTRITION SERVICES

A partnership has been established with Keewatin Community College to deliver a cooking program out of Thompson General Hospital. This will allow residents the opportunity to further their education without having to leave northern Manitoba.

Agreements have been created with George Colon Memorial Home in Oxford House and Pinaow Wachi Home in Norway House. We provide clinical and food service management services to the Dietary and Nursing departments at both facilities.

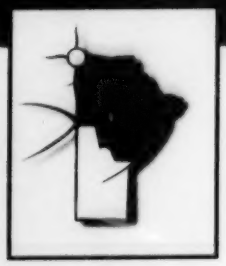
Organizational Chart



March 31, 2001

Management Staff

President	Calvin Tant
V.P. Finance & Corporate Services	Ken Anderson
V.P. Programs & Clinical Services	Vacant
Aboriginal & Community Liaison Coordinator	Ed Azure
V.P. Medical/Chief of Staff	Dr. L. Wincott
Medical Officer of Health	Dr. Albert de Villiers
Director, Accounting	Ed Przednowek
Director, Health Programs	Norma Charriere
Program Manager, Emergency Health & Ambulance Services	Attila Hertelendy
Program Manager, Northern Consultation Centre	Vacant
Director, Community & Maternal Health Programs	Marion Ellis
Program Manager, Community Health	Lorraine Larocque
Program Manager, Maternal Health	Charlotte McIvor
Program Manager, Community Health	Vacant
Director, Diagnostic Services	Vicki Cameron
Director, Environmental Services	Nancy D'andreamatteo
Director, Human Resources	Garry McFadden
Director, Nutrition Services	Mike Lummerding
Director, Health Programs	Dianne Mestdagh
Program Manager, Surgery, Medicine, Chemotherapy & Dialysis	Bernie Boucher
Program Manager, Paediatrics & Surgery	Vacant
Program Manager, Palliative, Rehabilitative & Supportive Serv.	Linda Sundevic
Director, Materials Management	Michael Moreau
Director, Mental Health Programs	Stan Franklin
Program Manager, Mental Health	Tim Thompson
Director, Patient Information	Vivian Salmon
Director, Pharmacy	Penny Thackeray
Director, Physical Facilities	Ron Hill
Director, Professional Practice	Debbie Nelson
Program Manager, Staff Development	Vacant
Manager, Gillam Health Programs	Nancy Miller
Manager, Lynn Lake Health Programs	Rose Kruzer (Acting)
Manager, Leaf Rapids Health Programs	Bernette Alexander
Information Systems Administrator	Blair Connell



RESIDENTS

Throughout this past year the Burntwood Regional Health Authority (BRHA) has undertaken numerous activities to communicate with the residents and stakeholders in the Burntwood Region.

These activities included:

- Burntwood Regional Health Authority Board Meetings and Community Meetings held throughout the region. The Board meetings are normally scheduled for the last Thursday of each month. These meetings are open to the public and information about the location and time for each meeting can be obtained by contacting the Executive Assistant at 677-5353. The Board had an opportunity to meet with residents and other stakeholders during open forum sessions to answer questions and discuss community specific health issues.
- Six District Health Advisory Councils (DHAC) have been established in the Burntwood Region. One of their functions is to act as an avenue for facilitating the flow of information to and from the Board of Directors regarding local needs and priorities.
- Northern Health in Northern Hands. A newsletter published quarterly containing current BRHA organizational activities and information. This newsletter is distributed to every resident in the Burntwood Region.
- Public Service Announcements containing BRHA information provided to local and regional newspapers and radio stations on a regular basis.
- Community Presentation by the President and Vice-Presidents. The BRHA executives have taken every opportunity to respond to requests to speak at various gatherings and meetings throughout the region.
- Monthly BRHA staff meetings
- Residents and other stakeholders of the Burntwood Region can obtain information on programs and services, ask questions or report complaints to the Health Authority by:
  - Calling the BRHA office and contacting:
    President, 677-5355
    V.P. Finance and Corporate Services, 677-5377
    V.P. Health Programs & Clinical Services, 677-5399
    V.P. Medical/Chief of Staff, 778-1428
  - Contacting the Managers of the various BRHA facilities in Gillam, Leaf Rapids, and Lynn Lake.
  - Or by contacting BRHA staff directly.

Auditor's Report

Wawanesa Building
5th floor, 191 Broadway Ave.
Winnipeg, MB Canada R3C 3T8

BDO Dunwoody LLP
Chartered Accountants
and Consultants

To the Board of Directors
BURNTWOOD REGIONAL HEALTH AUTHORITY INC.

We have audited the balance sheet of BURNTWOOD REGIONAL HEALTH AUTHORITY INC. as at March 31, 2001 and the statements of operations, changes in net assets and changes in financial position for the year then ended. These financial statements are the responsibility of the Burntwood Regional Health Authority Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Burntwood Regional Health Authority Inc. as at March 31, 2001 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles.

BDO Dunwoody

Chartered Accountants
Winnipeg, Manitoba
May 25, 2001

The following information is an extract from the 2000/2001 Audited Financial Statements upon which BDO Dunwoody Chartered Accountants have issued an audit opinion as reported under the date of May 25, 2001. The complete document can be obtained by contacting the Vice President, Finance and Corporate Services at 677-5354.

Balance Sheet
FINANCES

For the year ended March 31	2001	2000
ASSETS		
Current Assets		
Deferred benefit entitlements	$2,093,196	$1,665,381
Accounts receivable	691,029	902,148
Due from Manitoba Health	2,454,215	1,657,409
Inventories	315,587	404,138
Prepaid expenses	155,099	182,737
	5,709,126	4,811,813
Capital assets	25,373,400	19,426,013
Deferred charges	1,925	2,648
	$31,084,451	$24,240,474
LIABILITIES AND NET ASSETS		
Current Liabilities		
Bank indebtedness	$1,581,841	$931,745
Accounts payable	2,761,140	2,044,659
Deferred benefit entitlements	2,093,196	1,665,381
Deferred revenue	492,556	472,388
Lines of credit	8,758,670	4,638,418
Current portion of capital lease obligations	93,933	30,100
	15,781,336	9,782,691
Obligations under capital lease	1,631,120	101,942
Deferred capital asset grants	7,821,276	7,525,806
	25,233,732	17,410,439
Net Assets		
Net assets invested in capital assets	6,355,595	6,951,238
Net assets internally restricted	196,375	580,048
Unrestricted net assets	(701,251)	(701,251)
	5,850,719	6,830,035
	$31,084,451	$24,240,474

REVENUE & EXPENSES

Statement of Operations

For the year ended March 31

	2001	2000
Revenue		
Manitoba Health - budgeted income	$33,046,067	$30,063,831
NPTP recoveries	1,338,371	1,342,662
Ancillary programs	1,176,830	1,158,368
Amortization of deferred contributions	626,600	366,730
Other	461,595	639,952
Manitoba Health - out-of-globe income	272,893	-
Patient	270,269	377,707
	37,192,625	33,949,250
Expenses		
Acute care services	18,435,931	16,338,655
Medical remuneration	10,174,023	8,623,233
NPTP	4,666,888	4,077,181
Community based - health services	2,854,209	2,576,835
Regional health authority	1,346,515	1,162,040
Ancillary operations	1,176,830	1,156,937
Community based - home care	1,056,838	888,949
Amortization of capital assets	626,600	366,730
Community based - mental health	462,572	450,630
Interest on long-term debt	309,446	288,170
Land ambulance	241,516	227,938
Support to seniors	27,338	26,519
	41,378,706	36,183,817
Deficiency of revenue over expenses for the year before other items	(4,186,081)	(2,234,567)
Other Items		
Manitoba Health - out of globe	2,779,685	491,340
Manitoba Health - In-Globe	1,187,837	-
Manitoba Health - past commitments	218,559	-
Amortization of net assets invested in capital assets	(595,643)	(366,731)
	3,590,438	124,609
Deficiency of revenue over expenses for the year	$(595,643)	$(2,109,958)

Statement of Changes in Net Assets

ASSETS

For the year ended March 31, 2001

	Invested in Capital Assets	Restricted Donations	Unrestricted	2001	2000
Balance, beginning of year	$6,951,238	$580,048	$(701,251)	**$6,830,035**	$8,598,991
Transferred to deferred contributions	-	(383,673)	-	**(383,673)**	-
Deficiency of revenue over expenses for the year	(595,643)	-	-	**(595,643)**	(2,109,958)
Transfers from foundations and donations received	-	-	-	**-**	341,002
Balance, end of year	$6,355,595	$196,375	$(701,251)	**$5,850,719**	$6,830,035

Statement of Changes in Financial Position

CHANGES

For the year ended March 31	2001	2000
Cash Flows from Operating Activities		
Deficiency of revenues over expenses	**$(595,643)**	$(2,109,958)
Adjustments for		
Transfer to deferred contributions	**(383,673)**	341,002
Amortization of capital assets	**1,222,243**	733,461
Amortization of deferred contributions	**(626,600)**	(366,730)
	(383,673)	(1,402,225)
Changes in non-cash working capital balances		
Accounts receivable	**211,119**	(226,559)
Due from Manitoba Health	**(796,806)**	(285,058)
Inventories	**88,551**	(25,145)
Prepaid expenses	**27,638**	(89,609)
Accounts payable	**716,481**	(301,842)
Deferred revenue	**20,168**	382,002
Current portion of capital lease obligations	**63,833**	753
Lines of credit	**4,120,252**	(477,752)
	4,067,563	(2,807,437)
Cash Flows from Investing and Financing Activities		
Purchase of capital assets	**(7,169,630)**	(2,003,676)
Decrease in deferred charges	**723**	722
Increase in capital lease obligations	**1,529,178**	(32,152)
Increase in deferred capital asset grants	**922,070**	2,074,592
	(4,717,659)	421,488
Decrease in cash and cash equivalents during the year	**(650,096)**	(2,385,949)
Cash and cash equivalents, beginning of year	**(931,745)**	1,454,204
Cash and cash equivalents, end of year	**$(1,581,841)**	$(931,745)